

Columbus Recreation and Parks
2014 Summer Lunch Program Agency Application
(Please read and complete ALL information requested and include required attachments
or your application will not be excepted. Application deadline April 25th)

Are you a returning summer food service site from 2013 and what site name did you use in 2013?

☐ Yes ☐ No If yes please list 2013 site name _____

Site name of 2014 summer food service site if different from 2013 _____

Summer food service program site address including city and NINE DIGIT ZIP CODE

****Please list the delivery location for the meals such as at the rear of the building, the “red building” near the front of the property, side door at the northeast corner of the building, must knock or buzz to be permitted to enter the building, or any other helpful information for delivery purposes.**

****** _____

Please list the two closest side streets or cross streets to your facility:

Phone Number at Lunch Site _____

(Each site must provide a workable phone number for the entire summer for contact purposes. Plus, we also need a phone number for any pre-op questions we may have or for creating appointments for pre-op visits required by the state.)

Contact person name, phone number & email address at the summer food service site

(Each site must provide a workable phone number for the entire summer for contact purposes. Plus, we also need a phone number for any pre-op questions we may have or for creating appointments for pre-op visits required by the state.)

Please list the agency name, address (including city and NINE DIGIT ZIP CODE), and phone number if different from the summer food service site and contact person at the agency.

School(s) nearest the Lunch Site: _____

*****Federal 501c3 Verification #:** _____

(Please attach a copy of your agencies 501c3)

The Summer Food Program operates **from June 2nd – August 15th, 2014**

Will your program be:

(PLEASE READ AND CHECK THE APPROPRIATE BOX)

- **Open** (open to the public) ☐
- **Open Restricted** (open to the public with limited number of participants due to size of facility and staff availability) ☐
- **Closed Enrolled** (participants have to enroll for your program and provide proof of income eligibility. Income eligibility forms for your site must be approved prior to the first meals being delivered to your site.)? ☐

****Your program must be in operation a minimum of 4 weeks to be approved for the summer food service program or if your program is less than 4 weeks you have the option of picking up your meals at the Columbus City Schools Food Production Center. We can no longer deliver meals to sites that operate less than 4 weeks or receive less than 40 meals per day due to budget issues (no exceptions).**

List your dates of operation:

Beginning date _____ **Ending date** _____

Please check your program's days of operation: (Be specific)

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

You may only serve two meal types: Breakfast and lunch, Breakfast and snack, or Lunch and snack or you may serve just one meal per day. Please submit your **first choice** for times for each type of meal served and a **second choice**. There must be a reasonable amount of time between each meal served. Breakfast cannot be served earlier than 7:30 a.m. We stagger meals times in order to insure prompt delivery of the meals in your delivery zone. If you are picking up meals due to ordering less than 40 meals per day we will provide you with the earliest time for pick up the CCS production center.

Please list your times for meals (2 meals only) in the following way:
(examples) **Breakfast 7:30-8:00 a.m. or Lunch 12:00-12:45 p.m.**

<u>Breakfast</u>	<u>Lunch</u>	<u>PM Snack</u>
1 st choice _____	1 st choice _____	1 st choice _____
2 nd choice _____	2 nd choice _____	2 nd choice _____

Earliest time that you can receive deliveries at your location _____

(There must be a trained staff person on site ½ hour before delivery to accept the meals and verify the number of meals, the quality of the food delivered, check the temperature of the food, and sign the delivery sheets.)

Time your program opens for children _____

How late is your facility open for children each day? _____

Approximate number of children you will be serving daily _____

(Minimum of 40 meals required)

Number of children that can be fed indoors _____

Number of Adults present during meal time's (including trained staff) _____

****Your organization must provide your own refrigeration (preferably commercial grade refrigeration), food thermometer, and refrigeration thermometer for the summer food service program. The refrigeration must meet the USDA and local health department codes and be adequate to store all the meals provided for your program. If needed, you may separate the meals and refrigerate only the items that need refrigeration as long as at meal time the meals are served as a complete unit with all required components.**

How will you provide refrigeration space for your meals? ** _____

Describe the activities available for children: _____

We do not provide any financial support for your staff, supplies, facility rental, etc. Your organization is responsible for the cost of your staff, supplies, facility rental, etc. We provide the meals and delivery of the meals for the program within our specified requirements only. If your site is serving less than 40 meals you must pick up the meals at the CCS production center daily.

Does your agency/organization participate during the summer in any Child Nutrition Programs (CNP) (Please Circle):
Child And Adult Care Food Program (CACFP) National School Lunch Program (NLSP) Special Milk

****** YOU MUST ATTACH A COPY OF YOUR AGENCIES PROOF OF LIABILITY INSURANCE AND A COPY OF YOUR 501C3 VERIFICATION to this application and contract. If the forms are not received by the deadline date, the application's approval may be delayed.**

If you are a closed enrolled site, you must provide proof of income eligibility for all of your enrolled participants prior to being approved for the summer food service program. Closed enrolled sites must also provide a list of participants enrolled in the program and a daily/weekly attendance sheet throughout the summer.

I hereby agree to commit to the serving times and dates noted in this application. I accept all terms and conditions required by the Summer Lunch Program of Central Ohio and the Ohio Department of Education.

Print Name

Signature

Date

Please call 614-645-3642 before returning application if you have any questions.
All required information is due to the office no later than April 25th.

Send application or drop off at:

Summer Food Service Program
Columbus Recreation and Parks Department
ATTENTION: Kay Snyder/Summer Food Program
1111 East Broad Street
Columbus, Ohio 43205-1303

“The USDA is an equal opportunity provider and employer.”

